Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05-11-10</u>	Address:	<u>4055 S CR 250 E</u>
Case #:	<u>96F05106</u>		Paxton, In
County:	Sullivan-77		
Type of Laboratory Seizure (check one) Sei		Seizure Location (check all that apply)	
Chemica	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): outside			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: outside			
Water Reactive Metal (Lithium): outside			
Anhydrous Ammonia: outside			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: outside			
Corrosive Base:			
Other (item and location):			
	,		
☐ Yes ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin Retail/Me	e Information e/Pseudoephedrine Tracking Log erchant Tip w Enforcement
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Paxton VFD	Fax: <u>N/A</u>	260,0400
Health Department: Sullivan County		Fax: <u>(812)</u> 2 Fax:	
Child Protec	ction Service:		-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J.D. Goldner / 5228 Phone (765)653-4114			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.